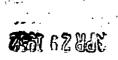
CHED SEAR	1 4 4005	THE D	VISION OF HE	ALTH OF MISSOU	JRI	•	-	ച വ	100	
PILED WAR	16 1950	STAND	ARD CERTIF	ICATE OF DEA	ATH	State 1	File No	10 0	****	
BIRTH NO		_ REG. DIST.	m. <u>318</u>	PRIMARY REG. DIST.	NO	Regisi	rar's No	22	18	
I. PLACE OF DEA	тн	<u> </u>		2. USUAL RESID a. STATE MO.	ENCE 👫	b. COUI		titution: r	adicission).	
b. CITY (If outside corporate limits, write RURAL and give township) C. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township)						
d. FULL NAME OF (institution, give str	est address or location)	d. STREET		give location)			3 -	
HOSPITAL OR INSTITUTION	St. Antl	hony Ho	spital	ADDRESS 3141	. Tamn	1 Ave.				
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE ((Month)	(Day)	(Yesr)	
(Type or Print)	LIZABET		J	FLACKE		DEATH]	Mar.	5	1950	
/	color or race hite	7. MARRIED, WIDOWED, Widow	NEVER MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In year last birthday) 73	Months		F DROER 21 HES. Tours Min.	
10a. USUAL OCCUPATION done during most of workin HOUSEWORK	g life, even if retired)	10b. KIND O	F BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State St. Louis	-	<i>A</i>		12. CITIZ COUNT	EN OF WHAT	
3a. FATHER'S NAME		136.	MOTHER'S MAIDEN			E OF HUSBAND	OR WIF	E		
Unknown Gu	ntli	,	Unknown	(Late			cke		
5. WAS DECEASED EVER (Year, no. or unknown) (If :	R IN U.S. ARMED		SOCIAL SECURITY NO.	Marie Behr	_	TURE OR NA	ame nm Av		DDRESS	
18. CAUSE OF DEATH		IONIDITION.	MEDICAL	ERTIFICATION	<u> </u>	~ · ·		INTERV	AL BETWEEN AND DEATH	
Enter only one cause per i line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ONDITION DING TO DEATH!	(a) Com ple	e obstructe	on of	Cow		5	AND DEATH	
*This does not mean	ANTECEDENT C	AUSES	DUE TO (b) Car	ciuma of	sig m	vid av	low .	10	re >	
as heart failure, asthenia, etc. It means the dis-	. 0		. •	-						
ese, injury, or complica- ion which caused death.	II. OTHER SIGNI Conditions contri related to the dise							,		
9a. DATE OF OPERA-	196. MAJOR FIN							20. AU	TOPSY?	
21a, ACCIDENT SUICIDE HOMICIDE	(Opecify)	21b. PLACE OF 18 home, farm, factor	NJURY (e.g., in or about y, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (CO	UNTY)	15	STATE) X	
21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. I WHILE WOR	NJURY OCCURRED AT NOT WHILE K AT WORK	21f. HOW DID INJURY	OCCUR?	· ·				
22. I hereby certify to alive on	hat I attended	the deceased j	rom ZeV. death occurred at	, 19 <u>49</u> , to	noch i he causes	5, 1950, the d	hat I las ate state	st saw tl d above.	ne deceased	
23a. SIGNATURE) Hoff	Buon	(Degree or title)	236. ADDRESS	tore Oc	etaze G	Pe,	23c. D	ATE SIGNED	
24a. BURIAL, CREMA- TION, REMOVAL (Brails)	Mar 8	1	NAME OF CEMETER			TION (City, tow Louis (•	aty) / / IO •	(State)	
DATE REC'D BY LOCAL	REGISTRARS			25. FUNERAL DIREC	TOR'S 5	GNATURE	A	DDPESS	vav Bl	
MAR 7 108	1 / 10	our	inned Finds	Statement on Reverse Sic						
	-	(1	Transci timpember 1	revenient on wassing 310	ue /					



STATEMENT BY LICENSED EMBALMER

I hereby certify that	the body	y whose name is recorded o	n the reverse	side of th	is certificate	was embaln	ned by me,	or by.	
				•	····,				
					9+	Cabalana N	_		

working under my personal supervision.

Signed Auru N M Allruutti
Student Embainer
Licensed Embainer No. 3024

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.